

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10//576585**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5		4		4		
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10		4		4		
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18	/		/			
19	/		/			
20	/		/			
21	/		/			
22	/		/			
23		4		4		
24		10		10		
25		4				
26		4				
27		8				
28	/		/			
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30	/		/			
31	/		/			
32		4		4		
33	/		/			
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36	/		/			
37		4		4		
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39	/		/			
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42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	/		/			
49	/		/			
50		4		4		
TOTAL IND.	40	↓	40	↓		↓
TOTAL DEP.	80	←	44	←		←
TOTAL CLAIMS	120		84			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		10		10		
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						